

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. SECTION 4(6), AND/OR

22 1799

OMB APPR	ROVAL
OMB Number:	3235-0076
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SEC USE ONLY								
Prefix	Serial							
DATE RECEIVED								
1								

UNIFORM LIMITED OFFERING EXEMPTION	
Name of Offering (check if this is an amendment and name has changed, and indicate change.)	
Palmyra Capital Offshore Fund, Ltd.	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) ULOE	
Type of Filing: New Filing Amendment	
A. BASIC IDENTIFICATION DATA	
Enter the information requested about the issuer	03016210
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	100000
Palmyra Capital Offshore Fund, Ltd.	
Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number	r (including Area Code)
c/o Trident Trust Company (Cayman) Limited, P. O. Box 847 GT, Grand Cayman, Cayman Islands 345-949-0880	
Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number and Street, City State, Zip Code)	er (Including Area Code)
Brief Description of Business	
Investment in securities.	
Type of Business Organization corporation	PROCESSED ed company
Month Year Actual or Estimated Date of Incorporation or Organization: 0 4 0 2	MAR U 6 2003
CN for Canada; FN for other foreign jurisdiction) FN	THOMSON
GENERAL INSTRUCTIONS	FINANCIAL
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 277d(6).	230.501 ct seq. or 15 U.S.C.
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed f and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at the which it is due, on the date it was mailed by United States registered or certified mail to that address.	

Where To File: U.S. Securities and Exchange Commission. 450 Fifth Street. N.W. Washington, D.C 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

> Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

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BASIC IDENTIFICATION DATA Enter the information requested for the following: • Each promoter of the issuer, if the issuer has been organized within the past years; • Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. · Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and · Each general and managing partner of partnership issuers. Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer General and/or X Director Managing Partner Full Name (Last name first, if individual) Palmyra Fund Management LLC Business or Residence Address (Number and Street, City, State, Zip Code) c/o Trident Trust Company (Cayman) Limited, P. O. Box 847 GT, Grand Cayman, Cayman Islands Beneficial Owner 🗶 Executive Officer Director Check Box(es) that Apply: General and/or Managing Partner Full Name (Last name first, if individual) Michael F. Baxter Business or Residence Address (Number and Street, City, State, Zip Code) 11111 Santa Monica Blvd., Suite 1500, Los Angeles, California 90025 Check Box(es) that Apply: Promoter Beneficial Owner X Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Brian C. Ear Business or Residence Address (Number and Street, City, State, Zip Code) 11111 Santa Monica Blvd., Suite 1500, Los Angeles, California 90025 Check Box(es) that Apply: Beneficial Owner Executive Officer Promoter Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Beneficial Owner Executive Officer Director General and/or Promoter Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Executive Officer General and/or Check Box(es) that Apply: Promoter Beneficial Owner Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) General and/or Check Box(es) that Apply: Beneficial Owner Executive Officer Director Promoter Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

				В	. INFORMA	ATION ABO	OUT OFFEI	RING				
I . Has the	e issuer so	ld, or does	the issuer	intend to s	sell, to non	-accredited	d investors	in this off	ering?		Yes	No X
							n 2. if filin	_				
2. What is	the minin	num inves	tment that	will be acc	cepted fror	n any indi	vidual?			•••••	s <u>1,0</u>	*000,000
3. Does th	e offering	permit jo	int owners	hip of a si	ngle unit?						Yes 🔀	No
commiss If a pers or states	sion or sim on to be li , list the na	nilar remun sted is an a ame of the	ested for ea heration for hissociated p broker or d set forth th	solicitation erson or ag ealer. It m	n of purcha gent of a broore than five	sers in cons oker or dea re (5) perso	nection with ler register ns to be list	h sales of s ed with the ted are asso	ecurities in SEC and/	the offeri or with a s	ng. tate	
Full Name	(Last nam	e first, if in	dividual)			-						
Business o	r Residenc	e Address	(Number a	nd Street. (City, State.	Zip Code)				·		
Name of A	ssociated	Broker or	Dealer									
States in V	Vhich Pers	on Listed	Has Solicit	ed or Inten	ds to Solic	it Purchase	ers	<u> </u>				
(Chec	k "All Stat	tes" or chec	ck individua	al States)						•••••	🗀 A	All States
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [NH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]
Full Name	(Last nam	e first, if ir	ndividual)			d		.4 .		·	- 4	
Business o	r Residenc	ce Address	(Number a	and Street,	City, State							
Name of A	ssociated	Broker or	Dealer	<u>_</u> .		<u> </u>	· · · ·				<u></u>	
States in V	Vhich Pers	on Listed	Has Solicit	ed or Inter	nds to Solic	it Purchase	ers	··				
(Chec	k "All Stat	tes" or chec	ck individua	al States)							🗆 /	All States
[AL] [IL] [MT] [RI]		[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[ME] [NY]	[MD]				[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]
Full Name	(Last nam	e first. if ir	ndividual)									
Business o	or Residen	ce Address	(Number a	and Street,	City, State	, Zip Code), , ,					
Name of A	Associated	Broker or	Dealer			1 11						
States in V	Which Pers	son Listed	Has Solicit	ed or Inter	nds to Solic	it Purchas	ers	·				
(Chec	k "All Stat	tes" or che	ck individua	al States)						*****************************	🗀 /	All States
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [.TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [NH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]

OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check				
	this box \square and indicate in the columns below the amounts of the securities offered for exchange and				
	already exchanged.	Ag	gregate	Am	ount Already
	Type of Security	_	ring Price		Sold
	Debt	S	N/A	\$	N/A
	Equity	\$	N/A	_ S	N/A
	Common Preferred				
	Convertible Securities (including warrants)	\$	N/A	_ S	N/A
	Partnership Interests.		- 0 -	S	- 0 -
	Other (Specify exempted company shares		,000,000	s 5,31	33,293.64
	Total			S 5,31	33,293.64
	Answer also in Appendix, Column 3. if filing under ULOE.	·			
2. :	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "O" if answer is *'none" or "zero."				Aggregate
			umber vestors	Do	ollar Amount f Purchases
	Accredited Investors		-1-	S_64	15,793.64
	Non-accredited Investors		- 0 -	. S	-0-
	Total (for filings under Rule 504 only)		N/A	. s_	N/A
	Answer also in Appendix, Column 4, if filing under ULOE.				
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C Question 1.				
	Type of Offering		ype of ecurity	Do	ollar Amount Sold
	Rule 505		N/A	S	N/A
	Regulation A		N/A	S	N/A
	Rule 504		N/A	S	N/A
	Total		N/A	S	N/A
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.				
	Transfer Agent's Fees		🔀] \$ <u>11</u>	,092.16
	Printing and Engraving Costs] S	
	Legal Fees		<u>X</u>	S_13	5,217.49
	Accounting Fees		<u>X</u>	<u>.</u>] S <u>1</u>	5,685.00
	Engineering Fees			s	
	Sales Commissions (specify finders' fees separately)			-] S	
	Other Expenses (identify) Blue Sky filing fees		_	- 3	150.00
	Total		_	_	2,144.65

	OFFERING PRICE, NUMBI	ER OF INVESTORS, EXPENSES AND USE OF F	ROCE	DS		
	b. Enter the difference between the aggregate offer and total expenses furnished in response to Part C	Question 4.a. This difference is the "adjusted gros	S		* * * * * * * * * * * * * * * * * * * *	007 056
	proceeds to the issuer."				\$ 999	<u>,837,8</u> 56
5.	Indicate below the amount of the adjusted gross pro- each of the purposes shown. If the amount for any check the box to the left of the estimate. The total of proceeds to the issuer set forth in response to Par	y purpose is not known, furnish an estimate and f the payments listed must equal the adjusted gross				
			-	ments to		
				fficers.	D	
				ectors, & filiates	•	ments to Others
	Salaries and fees		Пs	N/A		N/A
	Purchase of real estate.		-	N/A		N/A
	Purchase, rental or leasing and installation of mac		□ "—		Ш°—	
	and equipment		□\$	N/A	□ s	N/A
	Construction or leasing of plant buildings and fac-	ilities	☐ s	N/A	s	N/A
	Acquisition of other businesses (including the val offering that may be used in exchange for the asset	ue of securities involved in this ets or securities of another				
	issuer pursuant to a merger)		S	N/A	. 🔲 \$	N/A
	Repayment of indebtedness		S	N/A	. 🗆 \$	N/A
	Working capital		S	N/A	. 🗆 🖫	N/A
	Other (specify): Investment in securities.		\$	N/A	. [s <u>9</u>	99 , 837 , 85
			□ s	-	. 🗆 \$	<u>-</u>
	Column Totals			N/A	 . □\$ <u>_9</u>	99 , 837 , 85
	Total Payments Listed (column totals added)			□\$ <u>9</u>	99,83	7 , 856
		D. FEDERAL SIGNATURE				
ig	e issuer has duly caused this notice to be signed by the nature constitutes an undertaking by the issuer to fur information furnished by the issuer to any non-accre	mish to the U.S. Securities and Exchange Commi	ssion, up			
SSI	uer (Print or Type)	Signature	Date			
Pa	lmyra Capital Offshore Fund, Ltd.	Michael F.	Februa	ary 19 , 2	2003	
Ja	me of Signer (Print or Type)	Title of Signer (Print or Type)				
M	ichael F. Baxter	Manager of Palmyra Fund Management L	LC. M	anager of	Issuer	
	termer 2 · 2 watter		20, 141	unuger or	103401	

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C.1001.)

		E. STATE SIGNATURE							
1.	Is any party described in 17 CFR 230.262 pre provisions of such rule?	sently subject to any of the disqualification Yes No							
	See A	Appendix, Column 5, for state response.							
2.	The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (I 7 CFR 239.500) at such times as required by state law.								
3.	3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.								
4.	4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.								
	ner has read this notification and knows the content thorized person.	its to be true and has duly caused this notice to be signed on its behalf by the undersigned							
Issuer (F	Print or Type)	Signature Date							
Palmy	ra Capital Offshore Fund, Ltd.	Milnul F. February 19, 2003							
	Print or Type)	Title (Print or Type)							

Manager of Palmyra Fund Management LLC, Manager of Issuer

Instruction:

Michael F. Baxter

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

				AP	PENDIX		7		
	Intend to sell and aggregate offering price investors in State (Part B-Item 1) Type of security and aggregate offering price offered in state (Part C-Item 1)				5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)				
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL									
AK									
AZ									
AR									
CA		X	exempt company shares \$1,000,000,000	- 1 -	\$645,793.64	- 0 -	- 0 -		X
со									
СТ									
DE					<u> </u>				
DC					-			,	
FL		:		1.2.4					1
GA									
н									
ID						•			
IL									
IN						ė			
IA									
KS									
KY									
LA									
МЕ						, ,			
MD				:					
МА									
MI				the mac					
MN									
MS									

	APPENDIX									
l l	Intend to non-a investor	1 to sell accredited as in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		amount pu	4 investor and rchased in State C-Item 2)		5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item I)		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
МО				:						
МТ										
NE										
NV										
NH										
NJ										
NM										
NY										
NC							··········			
ND										
ОН										
ок										
OR										
PA										
RI							<u> </u>			
sc										
SD				37						
TN		<u> </u>			3.		7			
TX	_						·			
UT										
VT										
VA										
WA										
wv										
WI										

				APPI	ENDIX				
1		2	. 3		5 Disqualification				
	to non-a	Type of security and aggregate onn-accredited offering price of investor and estors in State offered in state art B-Item 1) (Part C-Item 1) (Part C-Item 2)				under State UL (if yes, attach explanation of waiver granted (Part E-Itern 1)			
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
WY									
PR									